FEC FORM 2 STATEMENT OF CANDIDACY

1. (a) stame of Candidate (in full)				
(b) Address (number and street) Check if address changed 2. FEC Candidate Identification Number				
(c) City, State, and ZIP Code (N) OR (A) Amended (A)				
4. Party Affiliation CAN PCS Al Affice Sought State & District of Candidates A District of Candi				
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE				
$\alpha \alpha 1$				
7. I hereby designate the following named political committee as my Principal Campaign Committee for the (year of election(s). NOTE: This designation should be filed with the appropriate office listed in the instructions.				
(a) Name of Committee (in full)				
PHUMATES ESPOTIAL				
(b) Address (number and street) P.O.B.O.X. 7390				
The state of the s				
(c) City, State, and ZIP Code				
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
DESIGNATION OF OTHER AUTHORIZED COMMITTEES				
(Including Joint Fundraising Representatives)				
Out heads a sharing the following general committee which is NOT make insigning a service and a serv				
8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.				
NOTE: This designation should be filed with the principal campaign committee.				
(a) Name of Committee (in full)				
(b) Address (number and street)				
(c) City, State, and ZIP Code				
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.				
Signature of Candidate Date				
5151203 5151203				
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 52 U.S.C. §30109.				
9-00068 FEC FORM 2 (REV. 02/2009				

FEC FORM 2 (REV. 02/2009)

#### FEC Form 2S (Revised 02/2017)

## Optional Supplemental Page for Designation of Additional Authorized Committees

Page	of	

### DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)

8.	hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my andidacy. NOTE: This designation should be filed with the principal campaign committee.			
(a) Name of Committee (in full)				
	(b) Address (number and street)			
	(c) City, State, and ZIP Code			
8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filed with the principal campaign committee.			
	(a) Name of Committee (in full)			
	(b) Address (number and street)			
	(c) City, State, and ZIP Code			
8.	hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filed with the principal campaign committee.			
	(b) Address (number and street)			
	(c) City, State, and ZIP Code			
8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. <b>NOTE</b> : This designation should be filed with the principal campaign committee.			
	(a) Name of Committee (in full)			
	(b) Address (number and street)			
	(c) City, State, and ZIP Code			

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